FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	IIO	N								
. •		(See instruction	s)					Office u	se only			
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typying, the lines	type	12FE	4M5	1 1				
Tom Feeney	for Congress						ш					
							ш		ш		ш	Ш
ADDRESS (number and	d street)	Box 622345				11	ш				ш	
(Check if addischanged)	dress Ovie	do	1 1				<del></del>	;	32762	 _L		_ Ц
			CITY			STATE	•		ZIP CO	DDE 🛦		
COMMITTEE'S E-MA			_				_				-	
nwatkins@ro	bertwatkins.com						ш				ш	$\Box$
<u> </u>					111	11	ш			ш		Ц
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)										•
www.tomfee	ney.com	111111	1 1	1 1 1 1 1	111	1 1	<u> </u>	1.1	1 1 1		1 1	
	1 1 1 1 1 1 1					1 1						
COMMITTEE'S FAX 8132533280 2. DATE	M / D D / Y											
0,9		2008										
3. FEC IDENTIFIC	ATION NUMBER	(	C00	368951								
4. IS THIS STATE	MENT NEW	(N) OR	X	AMENDE	D (A)							
I certify that I have exam	nined this Statement and	to the best of my know	vledge an	d belief it is true,	correct and	d complet	e					_
Type or Print Name o	f Treasurer	lancy H. Watkins	3									
Signature of Treasure	er Electronically File	d by <b>Nancy H. V</b>	Vatkins			Date	<b>1 0</b>	/ D	<b>0</b> 1	Y	2 0 0	<b>8</b>
NOTE: Submission of f	alse, erroneous, or incon	nplete information may							U.S.C. S	437g.		_
Office Use Only				For further info Federal Election Toll Free 800-4 Local 202-694-	n Commissi 24-9530				EC FC Revised 1			

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5.	TYPE OF Co	OMMITTEE (Check One) Committee:	
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	he candidate
	Name of Candidate	Tom Feeney	
	Candidate Party Affiliati	ion REP Office X House Senate President	State FL District 24
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comn		
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Ac	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock La	abor Organization
		Membership Organization Trade Association C	ooperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	nmittees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2 FEC ID number C	
		3. FEC ID number	
		4. FEC ID number C	
		FEC ID number C	

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Write or Type Committee Name				
Tom Feeney for Congre	ss			
6. Name of Any Connected Org	ganization, Affiliated Committee, I	Leadership PAC Sponsor or	Joint Fundra	ising Representative
Mack-Feeney Victory Cor	mmittee			
			<u>                                     </u>	
Mailing Address	P. O. Box 65067	, 		
	Washington		рс	20035
	CITY▲	:	STATE A	ZIP CODE
Relationship:				
Connected Organization	Affiliated Committee	Leadership PAC Spons	or X Joi	nt Fundraising Representative
possession of Committee	entify by name, address, (phone books and records.  H. Watkins  610 S. Boulevar		position of	tne person in
	Tampa		_FL_	33606
Title or Position ▼  Treasurer	CITY A	Telephone numb	STATE A	ZIP CODE A
	and address (phone number designated agent (e.g., assist		of the comm	nittee; and the
	H. Watkins			
Mailing Address	610 S. Boulevar	rd		
	Tampa		_FL_	33606
Title or Position ♥	CITY A		STATE	ZIP CODE A
Treasurer		Telephone num	813	_ 254 _ 3369

	sed 12/2007)		Page 4
Full Name of Designated Agent	Robert I. Watkins		
Mailing Address	610 S. Boulevard		
	Татра	FL_	33606 –
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
Asst. T	reasurer	Telephone number 813	
Th	e Bank of Tampa		
Mailing Address	e Bank of Tampa P. O. Box One		
	P. O. Box One		
	P. O. Box One Tampa		33601
Mailing Address	P. O. Box One Tampa CITY	FL STATE 4	33601   _
Mailing Address  Name of Bank, Depositor	P. O. Box One Tampa CITY		
Mailing Address  Name of Bank, Depositor	P. O. Box One  Tampa  CITY   y, etc.		
Mailing Address  Name of Bank, Depositor	P. O. Box One  Tampa  CITY   y, etc. tizens Bank of Oviedo  P. O. Box 520729	STATE 4	ZIP CODE _
Mailing Address  Name of Bank, Depositor	P. O. Box One  Tampa  CITY   y, etc.  tizens Bank of Oviedo  P. O. Box 520729		

Banks or Other Deposito safety deposit boxes or mai			
Name of Bank, Depository,			ADDITIONAL ]
Wad	chovia Bank		
Mailing Address	1100 Connecticut Avenue, N.W.		
3 11 111			
	Washington	DC	20036
	CITY △	STATE <b>⊿</b>	ZIP CODE 🛕
	CIT Z	STATEZ	ZIP CODE A
Name of Any Connected	Organization, Affiliated Committee, Leadership PA	C Sponsor or Joint Fundraisi	[ ADDITIONAl
Mailing Address	228 S. Washington Street, #115		
	Alexandria	L VA	22314 
ationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Leadership PA	AC Sponsor X Joint Fund	raising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
rum rumo			
Mailing Address			
	CITY A	STATE&	
Mailing Address			ZIP CODE 4
Mailing Address		STATE   Telephone number	ZIP CODE &

safety deposit boxes or maintain: Name of Bank, Depository, etc.	, rando.		[ ADDITIONAL ]
BB&T			
Mailing Address	1909 K Street, N.W.		
	Washington	DC	20006
	CITY 🛕	STATE. <b>△</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponsor	r or Joint Fundrais	[ ADDITIONAL ing Representative
Mailing Address			
		ا ليا	
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponso	r Joint Fur	draising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
	CITY A	STATE▲	ZIP CODE A
Title or Position ▼			
Title or Position ♥	Telephone	number	